

REPORT OF RECEIPTS AND EXPENDITURES

OF A POLITICAL COMMITTEE

(CFA-4)

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

2014 Jw 2013 JAN -

FILED Summary Sheet FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

- **PATZ: 58**

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMA	MITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization)	Check if this is a new n	name		 -	
Baitz for Circuit Court (CLERK				
2. Acronym or Abbreviated Name (if any)		3. Comm	ittee Teleph	one Number	
		(317	7)98	4-47	29
4. Mailing Address (address where all campaign finance corresponde	ence is received) 🔲 Cl	heck if this	is a new ad	dress	Ì
8380 E. 256 St.					
5. City. State. ZIP Code			Affiliation (if		
ARCADIA IN 460			publi	CON	
CANDIDATE INFORMA	TION (For Candidate's C				
7. Full Name of Candidate (include any nickname)		8. Party	Affiliation or	If Independen	t Candidate
TAMMY (CLARK) BA	itz	Re	1 dug	CaN	
9. Office Sought (Include district number, if any. Not required for ex		1	nty of Reside		
CLERIL of the Circuit		<u> H</u> /	Amil		
TYPE OF REPOR	T			CONVENTIO	N CANDIDATES ONLY
11. Check one:			- 1	Check one:	_
Pre-Primary Pre-Election Annual Nomination Other				Pre-Conv	
Final/Disbands Committee (lines 18, 19, and 20 must be 101) Outgoing Treasu	rrer (within 10 days amend Statement of	f Organization)		Post-Con	vention
12. Reporting Period:	- /			JMN A	COLUMN B
From: 11/13/2013 Through: 1	2/31/2013			Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting	period.			?	
14. Cash on hand and investments January 1, current year.					· \$
CONTRIBUTIONS AND RECEI					
(Note: these amounts include in-kind contributions and loans, as well	ll as cash contributions.)			10	2 61 2 10
15a. Itemized (use Schedule A)			20, 8	63,19	20,863.19
15b. Unitemized					
15c. Add lines 15a and 15b in both columns	 	OTAL			20,863,19
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Colum	nn B 1	OTAL	20, 8	63.19	20,863.19
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repaym	nents.)				
17a. Itemized (use Schedule B) (Public Question: use Schedule C)			561	<u>, 34</u> _	561.34
17b. Unitemized					
17c. Add lines 17a and 17b in both columns		TOTAL	561	1 34	\$61,34
18. Cash on hand and investments at close of this reporting period (subtract 1	7c from 16 in both columns)	TOTAL	2030	21.85	20301.85
19. Debts OWED BY the committee (use Schedule D)			2000	0, 3-8	
20. Debts OWED TO the committee (use Schedule E)				\$ 7 74	
CERTIFICA	TION				OR OFFICE USE ONLY
	KNOWLEDGE AND BELIEF IT IS T	RUE, CORR	ECT AND CO		2 3
	/ -		ate //	7 8 1	73.5
اا	severy Candi	date	13	1145	8
	(Da	ate 1/2/		
[70 00 1 5	12/	17	
	used for any commercial purpose. o fails to file a complete or accura				
	be subject to civil penalties. (IC 3-9				



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER					
Page	-	of	2		

,				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
TAMMY (CLARK) BAITZ (condidate) 8380 E 256 St. ARCADIA IN 46030	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	\$60	\$60.	11/13/13 Condidate
Contributor's Occupation (If required) Clerica				
) \	Contributions: Direct In-Kind (describe)	\$138.	\$198 -	11/21/13
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)	100,	1 10.	Candidate
3.	Contributions:			
f t	☐ Direct ☐ In-Kind (describe)	\$ 56.13	\$	11/21/13
	Other Receipts: Interest Loan Misc. (specify)	2611	254,13	Candidate
Contributor's Occupation (if required)	0.12.0			
11	Contributions: Direct In-Kind (describe)		# 754.13	11/22/13
	Other Receipts: Interest Loan Misc. (specify)	5 00,	73 7,10	Candidate
Contributor's Occupation (if required)				
1.7	Contributions: Direct In-Kind (describe)	ال مالـ	\$ 6 7 59	11/29/13
	Other Receipts: Interest Loan Misc. (specify)	102,70	856.31	11/29/13 Candidate
Contributor's Occupation (if required)				
SUBTOTAL 1	THIS PAGE OF SCHEDULE A	\$854.59		
TOTAL OF ALL PAGES OF SCHEDULE A		s		
(Enter total on ITEN	15a of the Summary Sheet)	_*		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER						
Page _	2	_ of	2-			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE L YEAR-TO-DATE	RECEIVED BY
	Contributions:			,
TAMMY BAITZ	Direct		,	12/5/13
(cardidate)	In-Kind (describe)	\$6.60	# 219	1-11-
,	Other Receipts:	6.	(60,11	
	Interest Loan			
	Misc. (specify)		1	Condidate
Contributor's Occupation (if required)				
	Contributions:			- 1
DAVID & TAMMY BAITZ 8380 E. 256 = St.	Direct	ĺ	1	12/30/13
	in-Kind (describe)	\$20,000.	\$ 01319	. /
ARCADIA IN 46030	Other Receipts:	\$20000.	20,860,	
_	Interest Loan	1,00		.
	Misc. (specify)			Cardidate
Contributor's Occupation (I required) banking / clerical		_		
3.	Contributions:			
	☐ In-Kind (describe)	{		
	[_] iii-Kinu (describe)			
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
Contributor's Occupation (if required)			·	
4.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
Contributor's Occupation (il required)				
5.	Contributions:	}		
	In-Kind (describe)			
		ļ		
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Misc. (specify)			
	terror (apout)			
Contributor's Occupation (if required)				
	HIS PAGE OF SCHEDULE A	\$20,006.60		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY 15a of the Summary Sheet)	\$20,863.19		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER					
Page _	1	_ of _	2		

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Long Shots Photograp 130 Hopkins Ct. Tipton IN 46072	y photography	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$60.	60.	11/13/13
us fostage Service	Stomps/ Mailing	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$ 138.	138.	11/21/13
Staples 16751 Clover Rd Noblezvilles	Stationery Printing.	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$ 56.13	\$56.13	11/21/13
Staples	printing	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$ 39,26	^{\$} 95.39	11/23/13
IXS Postage	Stamps/ mailing	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	446.	\$ 184, ~	11/25/13
Logan St. Signs 1720 S 10= St. Neblesville	Sign Printing	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$94,90	94.90	11/27/13
SAM'S Club INDPLS IN	Barade Candy	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	102,46	102.46	11/29/13
	SUBTOTAL THIS PAG		\$536.75		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of t		\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE NUMB	ER
		· .
Page_	2 of_	2

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Community BANK POPX 950 Cicero IN 46034	Banking (Check Fee)	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	17.99	17.99	12/3/13
Staples 16751 Clover Rd Nob.	printing	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	6,60	101,99	12/5/13
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$24.59		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the control	E LAST PAGE ONLY the Summary Sheet)	Þ561-34		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE NUMB	ER
Page	of	

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
DAVID & TAMMY BAITZ 8380 E. ZS6 = St. ARCADÍA IN 4603		\$20,000	12/30/	Þ	\$20,000.
ARCADÍA IN 4603 LENDER'S OCCUPATION BANKING/CIEVICA		loan	_		
ď					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENGTHS cod in view					
LENDER'S OCCUPATION:		SUBTOTA	L THIS PAGE C	F SCHEDULE D	\$
	TOTAL OF ALI	L PAGES OF SCHEDUL		ST PAGE ONLY	\$